

filed
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/581609

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1	4				
55	1					
56	1					
57	1					
58	1					
59	1					
60	0					
61	1					
62	1					
63	1					
64	1					
65	1					
66		1				
67		1				
68		1				
69		1				
70		6				
71		5				
72		5				
73	1	5				
74		1				
75		1				
76		1				
77		1				
78		5				
79		5				
80		5				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99						
100						
TOTAL IND.		30				
TOTAL DEP.		46				
TOTAL CLAIMS		76				